



Critical conversation: Toxic stress in children living in poverty

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On October 27, 2017, the American Academy of Nursing President and Executive Vice President/Chief Operating Officer Children's Mercy Kansas City Karen Cox, PhD, RN, FAAN, convened a critical conversation on *Toxic Stress in Children Living in Poverty*. An invitation-only event, the critical conversation was launched in response to the Robert Wood Johnson Foundation's Culture of Health working group that met in 2016 on eliminating childhood poverty. Among the approximately 100 participants who assembled at the National Press Club, Washington, DC, were representatives of 33 organizations and 15 universities including First Focus, the Child Welfare League of America, Zero to Three, the Association for the Education of Young Children, the Campaign for Grade-Level Reading, National Association of Social Workers, and the Coalition to Stop Gun Violence.

Two panels of experts discussed with participants *Framing the Problem and Innovative Strategies for Preventing Toxic Stress in Children*. Speakers included James Anderst, MD, MSCI, Professor of Pediatrics, University of Missouri-Kansas City School of Medicine, Children's Mercy Kansas City; Cara Baldari, JD, Senior Policy Director, First Focus; Deborah Gross, DNSc, RN, FAAN, Academy Edge Runner (The Chicago Parent Program) and Professor, Johns Hopkins University; Sandee McCowry, PhD, RN, FAAN, Academy Edge Runner (INSIGHTS into Children's Temperament) and Professor, New York University; Andrew Racine, MD, PhD, Professor, College of Medicine, Montefiore Health System; Joe Reardon, JD, President and CEO, Kansas City Chamber of Commerce and former Mayor, Kansas City, Kansas; Anne Turner-Henson, DSN, RN, FAAN, Professor, School of Nursing, University of Alabama at Birmingham; and Julie Willems Van Dijk, PhD, RN, FAAN, Senior Scientist and Director of the County Health Rankings & Roadmaps Program.

This critical conversation shined a spotlight on the Academy's background work to date as a leader in making the challenge of toxic stress in children a national priority. "We all need to be active participants and leaders in helping our nation support policies

that can build economically viable, thriving communities that are places where health is promoted," said past Academy President Diana Mason in her message on looking upstream in which toxic stress in childhood, nutrition, and violence were identified as factors to be addressed (Mason, 2014). Further, Mason and Karen Cox discussed, in a subsequent president's message, the prevalence of adverse childhood events (ACEs) and the impact of toxic stress on brain architecture. "The science, then, allows us to think about addressing poverty in a different light," they concluded, urging an analysis of policies that may reduce toxic stress and the development of new partnerships to enhance commitment across sectors to this work (Mason & Cox, 2014). The Academy also hosted a policy dialogue on toxic stress in children during its annual policy conference in 2014 to focus attention on the determinants of health and implications for children and adolescents.

Further, the Academy published the policy brief *Urgent action needed to reduce exposure to toxic stress in pregnant women and young children*, calling attention to the issue that child exposure to toxic stress begins prenatally (Gross, Beeber, DeSocio, & Brennaman, 2016).

Importantly, the Academy recognizes nurse innovators by designating them as Edge Runners. Several Edge Runners' models of care are designed to reduce the effects of toxic stress. These are just a few examples:

- Patricia Gerrity—The Eleventh Street Family Services, Drexel University, Philadelphia, PA
- Diane Spatz—10 Steps to Promote and Protect Human Milk and Breastfeeding in Vulnerable Infants, Philadelphia, PA
- Ruth Lubic—Family Health and Birth Center in the Developing Families Center, Washington, DC
- Sharon Schindler Rising—Centering Healthcare Institute, Boston, MA
- Harriet Kitzman and David Olds—Nurse Family Partnerships, Denver, CO

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Themes woven throughout the conversation included income inequality and the rate of poverty among families, early intervention strategies for children to prevent and mitigate toxic stress, community engagement to collaboratively and comprehensively recognize the social determinants of health to promote a culture of health in communities, and the economic case for alleviating toxic stress in the country, states, and counties.

Income Inequality

One in five children under the age of 18 in the United States lives in poverty. If households designated as poor, near poor, or low income are included, the number rises to 43% or nearly 31 million children. [The Annie E. Casey Foundation 2016a Kids Count Data Book of State Trends in Child Well-Being](#) notes that 30% of children lived in households where no parent had full-time employment. The Casey Foundation's report *A Shared Sentence* ([The Annie E. Casey Foundation 2016b](#)) highlights the devastating toll of parental incarceration on the 5.1 million children who have had a parent in jail or prison at some point during their childhood.

The numerous root causes of poverty are well known—racism, lack of employment opportunities and wage disparities, the impact of environment and climate change on global health, and lack of access to high-quality education. James Anderst commented that families are exposed to adverse childhood events including violence, drug use, and incarceration, and that “these families are just passing on what they know to their children and that is toxic stress.”

Examining a map of the United States showing poverty rates by county, Julie Willems Van Dijk demonstrated that county rates of child poverty are between 5% and 51%. However, within each county there may be significant poverty rate disparities among populations, which are masked by county-wide rates. She urged using a social determinant of health framing model to assess communities to prioritize actions toward the deepest disparities. Evidence-informed policies are available through federal resources such as the Community Guide and the National Preventative Services Taskforce and county resources including What Works for Health ([What Works for Health, County Health Rankings & Roadmaps, 2017](#)) through the County Health Rankings & Roadmaps Program.

Federal spending on programs directed at children are merely 8% of the U.S. federal budget, although children are 25% of the population. Federal policies that “increase household income not only reduce child poverty, but lead to improvements in child development and educational attainment,” Cara Baldari noted. Although federal policies including the child tax credit and earned income tax credit, which lift nearly 5 million children out of poverty each year are helpful, a universal child allowance that has lowered child poverty rates

in other countries was recommended for consideration for the United States. The Child Poverty Reduction Act was introduced in the United States. Congress would create a national child poverty target and set the goal of cutting the U.S. childhood poverty rate in half within the decade, Baldari said. The National Academy of Sciences convened in 2017 the *Committee on Building an Agenda to Reduce the Number of Children in Poverty by Half in 10 Years* to identify evidence-based recommendations. At the state level, California has enacted the Lifting Children and Families out of Poverty Taskforce Act to create a data-driven plan to reduce child poverty.

At the local level, Deborah Gross, a fellow of the Academy and a designated Edge Runner, developed the Chicago Parent Program to enhance parenting skills and capacities of parents with young children between 2 and 5 years of age in low-income communities. Discussing the implementation of her program in the Baltimore City School system's pre-K classes, Gross found that whereas 60% of the parents acknowledged on the registration form that a motivator for signing up for the program was the \$15.00 they would receive on a debit card each time they came to the group class and the additional \$5.00 that would be added every time they turned in weekly practice assignments, a much greater percentage, 80%, said the biggest motivator for signing up was “wanting to be a better parent.” Gross called attention to the New York City Family Rewards Demonstration incentivizing positive health behavior such as participating in parent/teacher conferences and accessing preventive health and dental care. The program reported an increase in high school graduation rates among students academically proficient, but there were no education effects on the non-proficient students.

Building wealth as well as building income is essential to protecting parents and their children “against some of the adverse child events and the cumulative effect they have on toxic stress,” Van Dijk noted. Commitment to voluntarily increasing the minimum wage by employers or requiring minimum wages in city contracts supports living wages for families.

Opportunity inequality also is evident from environmental stress from the physical environment, Anne Turner-Henson reminded us, whether it is from air pollution or violence in the community, many children are prevented from full enjoyment of being on playgrounds, in backyards, or in parks. Citing 60% of acute respiratory infections in children caused by outdoor air pollution, Henson urged maintaining the Clean Air Act standards to reduce asthma morbidity and mortality.

Early Intervention Strategies

The American Academy of Pediatrics issued a policy statement *Poverty and Child Health in the United States* ([American Academy of Pediatrics, 2016](#)), calling on pediatricians to commit to helping the one in five children who live in poverty access the resources they need to

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